

APPLICATION FOR ADMISSION TO PRE-SCHOOL

Please place my child on the waiting list (This form is for a preferred start date/sessions. Confirming a place with us can not be guaranteed at this time. You will be contacted if a space becomes available).

Surname of chi	ild:	 	
Christian Name	e(s):	 	
Address:		 	
Post Code:			
Tel. No.			
Date of Birth: .		 Male/Female	

I make an application for the above child to be admitted to the pre-school with a start date of (Month and Year) if a space becomes available.

Possible sessions required (indication only)

	Mon	Tue	Wed	Thu	Fri
AM					
Lunch					
PM					

Signed Parent/Guardian Date

The pre-school is open to children from the age of 2 upwards. Government funded places are available for some 2 year old's and for all 3 year old's the term after their third birthday.

To be returned to: Bishop Cornish Education Centre, Lynher Drive, Saltash, Cornwall, PL12 4PA